

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/787215** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	31						54						
5	13						55						
6	01						56						
7	13						57						
8	0						58						
9	1						59						
10	1						60						
11	1						61						
12	31						62						
13	13						63						
14	31						64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
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24							74						
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27							77						
28							78						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	11						TOTAL DEP.						
TOTAL CLAIMS	13						TOTAL CLAIMS						